



12-04-02

PTO/SB/21 (07-02)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/017,755
		Filing Date	10/30/2001
		First Named Inventor	T. Shimizu
		Group Art Unit	1615
		Examiner Name	S. Tran
Total Number of Pages in This Submission	15	Attorney Docket Number	2522 US2P

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard. Form PTO-1449 Cited Reference (1) Previously submitted cited references (7)
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s) - 5	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elaine M. Ramesh, Ph.D., JD, Reg. No. 43,032
Signature	<i>Elaine M. Ramesh</i>
Date	12/3/02

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	290.00
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Complete if Known	
Application Number	10/017,755
Filing Date	10/30/2001
First Named Inventor	T. Shimizu
Examiner Name	S. Tran
Group Art Unit	1615
Attorney Docket No.	2522 US2P

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number  
500799

Deposit Account Name  
Takeda Chemical Industries Ltd.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X 18.00 =	
			-3** =	X 84.00 =	
				280.00 =	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105 130	205 65	205 65	Surcharge - late filing fee or oath		
127 50	227 25	227 25	Surcharge - late provisional filing fee or cover sheet		
139 130	139 130	139 130	Non-English specification		
147 2,520	147 2,520	147 2,520	For filing a request for ex parte reexamination		
112 920*	112 920*	112 920*	Requesting publication of SIR prior to Examiner action		
113 1,840*	113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action		
115 110	215 55	215 55	Extension for reply within first month		
116 400	216 200	216 200	Extension for reply within second month		
117 920	217 460	217 460	Extension for reply within third month		
118 1,440	218 720	218 720	Extension for reply within fourth month		
128 1,960	228 980	228 980	Extension for reply within fifth month		
119 320	219 160	219 160	Notice of Appeal		
120 320	220 160	220 160	Filing a brief in support of an appeal		
121 280	221 140	221 140	Request for oral hearing		
138 1,510	138 1,510	138 1,510	Petition to institute a public use proceeding		
140 110	240 55	240 55	Petition to revive - unavoidable		
141 1,280	241 640	241 640	Petition to revive - unintentional		
142 1,280	242 640	242 640	Utility issue fee (or reissue)		
143 460	243 230	243 230	Design issue fee		
144 620	244 310	244 310	Plant issue fee		
122 130	122 130	122 130	Petitions to the Commissioner		
123 50	123 50	123 50	Processing fee under 37 CFR 1.17(q)		
126 180	126 180	126 180	Submission of Information Disclosure Stmt	180.00	
581 40	581 40	581 40	Recording each patent assignment per property (times number of properties)		
146 740	246 370	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149 740	249 370	249 370	For each additional invention to be examined (37 CFR § 1.129(b))		
179 740	279 370	279 370	Request for Continued Examination (RCE)		
169 900	169 900	169 900	Request for expedited examination of a design application		
Other fee (specify) _____				Terminal Disclaimer	110.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

290.00

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Elaine M. Ramesh, Ph.D., JD	Registration No. (Attorney/Agent)	43,032	Telephone (847) 383-3391
Signature	Elaine M. Ramesh	Date	12/3/02	

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